



ARIZONA DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR A FINGERPRINT CLEARANCE CARD
REQUIRING IDENTITY VERIFIED PRINTS (IVP)

Applicant Clearance Card Team ☎ (602) 223-2279

Mailing address: P.O. Box 18390, Phoenix, AZ, 85005-8390

Physical address: 2320 N. 20th Ave. Phoenix, AZ 85009

Visit www.azdps.gov/services/fingerprint for FAQ's or to check the status of your application.

APPLICATION NUMBER



*IVP

FEB 22 2017 10351

Type or print all information in blue or black ink. All fields marked with * are required. Reproductions will not be accepted.

*Your Full Legal Name (Last, First, Middle)-Print clearly Stringer, David H				Social Security Number [REDACTED]		Phone Number w/Area Code [REDACTED]	
*Date of Birth [REDACTED]	*Race White	*Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	*Height 5'8"	*Weight 170	*Eye Color Brn	*Hair Color Brn	*Place of Birth Alaska
*Complete Mailing Address (Print clearly) [REDACTED]				*Zip Code [REDACTED]			
Name of Employer, Agency or School-Print clearly (If unknown or student leave blank) None						Employer's Phone Number w/Area Code [REDACTED]	
Employer, Agency or School's Mailing Address-Print clearly None						City [REDACTED]	State [REDACTED] Zip Code [REDACTED]
Applicant's Signature X <i>David H Stringer</i>				*Date 2/22/17			

* Check the box to indicate why you are applying. Application can not be processed without this information.

<input checked="" type="checkbox"/> Department of Education Certification (Teacher or Other) ARS §15-534 (Fee is \$67.00)	<input type="checkbox"/> Tutor or Teacher Preparation Programs ARS §15-534	<input checked="" type="checkbox"/> Charter School Instructor ARS §15-183	<input type="checkbox"/> Public and/or Charter School Contractor, Subcontractor or Vendor and their Employees ARS §15-512	<input type="checkbox"/> Public and/or Charter School Non-certificated personnel ARS §15-512
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☒ Check here if paid employee. Fee is \$67.00 ☐ Check here if volunteer. Fee is \$65.00

Fee must be in the form of a money order, cashier's check, check drawn on a business account made payable to "DPS", or a State of Arizona Companion Transaction Entry/Transfer.

DPS does NOT accept cash, personal checks, debit or credit cards.

If you are aware the enclosed payment exceeds the amount due, and the overpayment is less than \$10.00, signing this application indicates your agreement to have the excess funds donated to the State General Fund. Fees are subject to change and are not refundable per A.R.S. § 41-1750.J.

☐ Check this box if this is an IVP renewal application and follow the instructions below ↓

If you previously submitted an IVP application, and were issued a clearance card with an IVP # on the front of the card, and this is a renewal IVP application, we have your Identity Verified Prints on file. You are not required to submit a new set of fingerprints with this application.



However, you must provide the IVP # noted on the front of your previous clearance card in

the box below for identification purposes to allow DPS to retrieve your prints to process with this application.

IVP [] [] [] [] [] [] [] []

*Previous IVP Number

Complete the top portion of the application and return it to DPS with the appropriate fee in the envelope provided.

NOTE: If your previous clearance card has the notation "IVP#:" See back of card" you must follow the instructions in the box to the right and submit a new set of prints with your renewal application. →

IVP Instructions for Applicant

Pursuant to ARS §15-106 you are required to provide the following items to the law enforcement agency, school district, charter school or other entity that will be taking your prints:

- | | |
|--|--|
| <input type="checkbox"/> This application with the top portion completed. | <input checked="" type="checkbox"/> Photographic Identification. |
| <input type="checkbox"/> The included blank fingerprint card. | <input type="checkbox"/> The included blue postage paid return envelope. |
| <input type="checkbox"/> The appropriate fee noted above for this application made payable to DPS. | |

NOTE: There may be an additional fee to have your Identity Verified Prints taken.

IVP Instructions for Fingerprint Technician

Pursuant to ARS §15-106 you are required to:

- ☐ Ensure the applicant provides the items noted in box above.
- ☐ Verify the identity of the applicant through recognized means of photographic identification and a comparison of the demographic information on the photographic identification against the demographic information on the application form and fingerprint card. (If using a livescan with the ability to print demographic information on the fingerprint card, do so. Otherwise, have the applicant fill out the demographics on the fingerprint card.)
- ☐ Identify the type of photographic identification presented by the applicant below.
- ☐ Place the completed fingerprint card, completed application form (and/or any other form required by the DPS) and the fee provided by the applicant in the provided postage paid blue envelope and mail to DPS.

* Name of Fingerprint Technician (print clearly) Ivan Rodriguez Vazquez	* Fingerprint Tech's Agency, School or Company Name (print clearly) AZ DPS
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*Type of Photographic Identification Provided (If "Other," please specify)
☒ Driver's License / Government Issued ID ☐ Passport ☐ Other:

*Date
2.22.17

AccTrak
Card Number

M. PCN

Name: **STRINGER, DAVID**

Process Complete

Applicant Information

02-22-2017

PCN

Application #

STRINGER

DAVID

H ps10351 02-22-2017

Date Rcvd

Last Name

First Name

MI Badge

Date Entrd

SSN

Phone

Ext

Birthdate

W - Whit

M

5 08

170

BRO

BRO

AK

Mailing Address

Identity Verification

IVAN RODRIGUEZ URQUIE

Technician

AZDPS

Company

DOE Certification

Tutors/Teachers Prep

Charter School Instructor

Publ/Chtr Sch Non-Cert

Publ/Chtr Sch Vendor

Bus Driver

ARN

2A50434371

Master IVP

Name Search Pending

6 months pend. Reprint

Current Employer Information

Employer / Contact

Street

Street 2

City

State

ZIP

Phone

Badge

Date Chngd

Applicant Address Updated Comment

Applicant Employer Updated Comment

Fees

Sponsors

Employers

Addnl Fees

Missing Edits

Deposit #

Deposit Date

Recon #

Recon Date

Fee Date

Fee Type

Fee Amt

Amt Due

Amt Paid

E-Trans

Disable

Name

No #

Date

Amt

Add

Edit

Del

View 1 - 1 of 1

Save

New

IVP Renewal

Bypass Rap Back

PCN List

1

Extra FP

Card(s) w/App

Applicant can not be FP

Multiple

Mail Addr.

Same Employer

AccTrak Card Number: M. PCN: Name: **STRINGER, DAVID** Process Complete

State Offenses

- ☐ Recordable AZ Criminal Hist
☐ Non-Recordable AZ Criminal Hist
☒ No Criminal History

SID

SOPN

Date Rcvd 02-22-2017

Date Sent 02-22-2017
to FBI

✓ **DONE** State Entered by PSAFRP

Offense	Arrested
No records to view	

Add Edit Delete

FBI Offenses

- ☐ Recordable FBI
☐ FBI Same as State
☐ Non-Recordable FBI
☒ No FBI Criminal History

FBI ID

Date Rcvd 02-22-2017

✓ **DONE** FBI Entered by PSAFRP

Process Completed by ps10277

Offense	Arrested
No records to view	

Add Edit Delete

Print Letters: ☒ On
☐ Off

Save

Name Search Pending

Bypass Rap Back